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CONFIRMATION NO. 2436

<b>SERIAL NUMBER</b> 09/869,414	<b>FILING OR 371(c) DATE</b> 06/27/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 29915/6280M
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/IB01/00797 05/09/2001  
 and is a CON of 09/416,901 10/13/1999 PAT 6,699,671  
 which is a CIP of 09/404,133 09/23/1999 ABN  
 and is a CIP of PCT/US99/20881 09/23/1999  
 which claims benefit of 60/101,594 09/24/1998  
 and said 09/416,901 10/13/1999  
 claims benefit of 60/155,493 09/23/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 150	<b>INDEPENDENT CLAIMS</b> 16
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

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**TITLE**

ALZHEIMER'S DISEASE, SECRETASE, APP SUBSTRATES THEREFOR, AND USES THEREFOR

<b>FILING FEE RECEIVED</b> 5080	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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